

CHRONICALLY ADDICTED PERSONS OF ALL AGES (CA/SA-AA)
SFY 2011 (July 1, 2010 – June 30, 2011)

SPECIAL CONDITIONS

I. POPULATION TO BE SERVED

- A. In accordance with the Contract, Contractor is required within the limits of the Contractor's resources, to serve individuals who meet the financial and clinical eligibility criteria of a Chronically Addicted (CA) adult or child eligible for services under the Hoosier Assurance Plan.
- B. The Contractor shall:
 - 1. Assure the availability of, and provide the necessary full continuum of care as defined at IC 12-7-2-40.6 to chronically addicted persons of all ages (CA) who are eligible for DMHA services under this contract; and
 - 2. Provide services to special populations listed in this attachment within the limits of provider's resources.

II. ADMINISTRATIVE & FUNDING TERMS, REQUIREMENTS AND LIMITATIONS

- A. The funding sources which may support services in this attachment are the following:
 - 1. Substance Abuse Treatment Funds
 - 2. Gallonage Tax Funds
 - 3. Gamblers Assistance Fund
 - 4. SAPT Block Grant
 - 5. Tobacco Settlement Fund
 - 6. Research / Quality Assurance Fund
- B. The Contractor shall not use any of the funds received in this Attachment for any of the following purposes:
 - 1. To carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug;
 - 2. To carry out any testing for the etiologic agent for Acquired Immune Deficiency Syndrome unless such testing is accompanied by appropriate pre-test and post-test counseling;
 - 3. To make cash payments to intended recipients of health services;
 - 4. To purchase or improve land;
 - 5. To purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or
 - 6. To purchase major medical equipment or to purchase any other equipment valued over one thousand dollars (\$1,000.00).

- C. Contractor shall not use any federal funds for any of the following purposes:

1. To satisfy any requirements for expenditures of non-federal funds as a condition for the receipt of federal funds;
 2. To provide inpatient services; or
 3. To provide financial assistance to any entity other than a public or nonprofit private entity.
- D. Contractor is authorized to serve consumers eligible for DMHA services under this Attachment using procedures established by the State.
- E. Contractor shall not submit any voucher for, nor shall the State pay for, any service if the voucher for payment is not submitted or processed in accordance with the State's procedures.
- F. For each consumer eligible for DMHA services, the Contractor shall:
1. maximize the use of non-state funds;
 2. maximize the use of alternative funding for services that are intrinsic elements of other state and/or local programs; and
 3. pursue all available third-party sources of revenue, including consumer co-payments, where appropriate, for providing the full continuum of services needed for all eligible consumers.
- G. The Contractor shall maintain the following information regarding each chronically addicted person who is served under the Hoosier Assurance Plan:
1. The Contractor shall submit data to the Data Assessment Registry Mental Health and Addiction (DARMHA) system in accordance with the documents on the DARMHA website (<https://dmha.fssa.in.gov/DARMHA/mainDocuments.aspx>) and any updates thereto. Specifically the following documents contain instructional and user information related to submission of data:
 - DARMHA User Manual
 - Policy Manual
 - DARMHA Navigation Manual
 - Data Field Definitions
 - Import/Export Process
 - Web Services Specifications
 2. Service units (encounter units) identified in the DARMHA shall be forwarded to the State in accordance with the policy contained in the DARMHA Policy Manual and may be submitted manually, via import process, or via Web Services.
 3. The value of the service units (encounter units) identified in the DARMHA shall be forwarded to the State in accordance with the policy contained in the DARMHA Policy Manual.
 4. This information and any requested supporting records shall be forwarded to the DMHA in the manner so prescribed. The supporting records shall be maintained on site in a manner that is readily accessible to auditors.
 5. Data necessary for the calculation of performance standards are as outlined in the most current FSSA DMHA Performance Measure Definitions which are found on the DARMHA website (<https://dmha.fssa.in.gov/DARMHA/mainDocuments.aspx>).

- H. The Contractor shall participate in and meet the requirements of the DMHA quality assurance program. The Contractor shall participate in any quality improvement initiatives as requested by DMHA.
- I. The Contractor shall participate in meetings and/or trainings provided and/or authorized by the DMHA.
- J. The Contractor shall utilize DMHA-approved standardized assessment tools (CANS or ANSA) for each consumer receiving services under the Hoosier Assurance Plan.

III. SPECIAL REQUIREMENTS

- A. The Contractor acknowledges that, as a condition of receiving SAPT Block Grant funds, Contractor shall:
 - 1. Notify the DMHA upon reaching ninety percent (90%) of Contractor's capacity to admit individuals seeking treatment of intravenous drug abuse.
 - 2. Participate in outreach activities aimed at individuals and their associates considered high risk for substance abuse. The outreach model used shall be scientifically sound, or if no such model is available which is applicable to Contractor's local situation, the Contractor shall use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:
 - (a) Selecting, training, and supervising outreach workers;
 - (b) Contacting, communicating with, and following up with high-risk substance abusers, their associates and neighborhood residents, within the constraints of federal and state confidentiality requirements, including 42 CFR Part 2;
 - (c) Promoting awareness among injection drug abusers about the relationship between injection drug abuse and communicable diseases such as HIV;
 - (d) Recommending steps that can be taken to ensure that HIV transmission does not occur; and
 - (e) Encouraging entry into treatment.
 - 3. Establish and maintain a list of individuals awaiting treatment in a manner that ensures the ability to uniquely identify injection drug abusers according to the procedures provided by the DMHA.
 - 4. The Contractor shall admit the individual Intravenous Drug User (IVDU) into a treatment program within fourteen (14) days after such request. If a contractor is unable to admit the individual Intravenous Drug User into a treatment program within fourteen (14) days after such request the contractor shall provide interim services to individual no more than forty-eight (48) hours after a request for treatment has been made. Even if interim services are provided within forty-eight (48) hours after an individual has made a request for services, the individual

must be admitted into a treatment program within one hundred twenty (120) days after such request for services.

5. Ensure that a preference for registration for treatment occurs for the following:

- (a) Pregnant injection drug abusers;
- (b) Pregnant substance abusers;
- (c) Injection drug abusers; and
- (d) All others.

6. Provide tuberculosis services as follows:

- (a) Directly or through arrangements with other public or nonprofit private entities, routinely make tuberculosis services available to each individual receiving treatment services; or
- (b) If an individual in need of treatment services is denied admission to treatment services because of the Contractor's lack of capacity to admit the individual, refer the individual to another provider of tuberculosis services.

"Tuberculosis services" shall mean:

- 1) counseling the individual with respect to tuberculosis;
- 2) testing to determine whether the individual has contracted tuberculosis;
- 3) testing to determine the form of treatment for the disease that is appropriate for the individual; and
- 4) providing such treatment to the individual.

B. For pregnant women and women with dependent children, ensure access to or the availability of the following:

- 1. Primary medical care for women, including referral for prenatal care.
- 2. Child care while mothers are in treatment.
- 3. Primary pediatric care, including immunizations, for the children of women in treatment.
- 4. Gender specific treatment and other therapeutic interventions for women.
- 5. For children in the custody of the women in treatment, therapeutic interventions which may address the children's developmental needs and issues of sexual or physical abuse or neglect.
- 6. Sufficient case management and transportation to ensure that eligible women and children have access to services.

C. For pregnant women and women with dependent children, the following shall apply:

- 1. Contractor shall serve at least 95% of the number served in the previous fiscal year.

2. Agencies serving less than 95% of the number of pregnant women and women with dependent children served in the previous fiscal year may have the substance abuse portion of their contract reduced by up to 5%.
 3. In the event that an agency's contract is reduced, the funds recovered by the DMHA will be re-allocated to agencies serving more than 100% of the number of pregnant women and women with dependent children served in the previous fiscal year.
 4. The Contractor shall establish and utilize a referral system if the Contractor has insufficient capacity to provide direct treatment to pregnant women. Contractor shall notify the DMHA if immediate access to services for a pregnant woman cannot be arranged. Interim services, including referral for prenatal care, will be provided to each pregnant woman awaiting commencement of treatment for forty-eight (48) hours or more and will continue until such time that treatment services are fully commenced.
- D. The Contractor shall ensure comprehensive services for individuals receiving treatment by establishing and maintaining formal agreements with other appropriate services providers, including mental health services, social services, educational services, vocational rehabilitation services and employment services.
 - E. The Contractor shall ensure that a program of continuing education is made available to employees providing substance abuse services, including training regarding cultural competency.
 - F. The Contractor shall participate in cultural competency organizational development.
 - G. Services under this Attachment shall be available and accessible in as prompt a manner as appropriate and shall be available in a manner that preserves human dignity and assures continuity and high quality care.

IV. SPECIAL REQUIREMENTS FOR MANAGED CARE PROVIDERS WHO ARE COMMUNITY MENTAL HEALTH CENTERS (CMHC)

- A. If the Contractor is both a managed care provider (MCP) and a community mental health center (CMHC) certified by DMHA under IC 12-21-2-3, the Contractor shall comply with the following provisions:
 1. The Contractor shall comply with the requirements of all applicable statutes and rules in effect during the term of this Contract, including 42 USC 300X, Title 12 of the Indiana Code, and 440 IAC 4.1.
 2. The Contractor shall provide services required pursuant to the following:
 - (a) 440 IAC 4-3-1, mandatory services;
 - (b) 440 IAC 4-3-9, services for seriously emotionally handicapped children and adolescents;
 - (c) 440 IAC 4-3-10, services for alcohol and other drug abusers; and
 - (d) 440 IAC 4-3-11, services for older adults.
- B. As a condition of the receipt of funds, Contractor shall provide the following services:
 1. Services to individuals residing in the Contractor's geographic service area;

2. Outpatient services, including specialized outpatient services for children, the elderly, individuals with serious mental illness, and residents of the Contractor's primary geographic service area who have been discharged from inpatient treatment at a state operated facility;
 3. Twenty-four (24) hour per day emergency care services;
 4. Day treatment, other partial hospitalization services, or psychosocial rehabilitation services; and
 5. Screening services for individuals being considered for admission to a state operated facility to determine the appropriateness of such admission.
- C. These services shall be provided within the limits of the resources of the Contractor to an individual residing or employed in the Contractor's geographic service area regardless of the individual's ability to pay for such service.
- D. As a CMHC, the Contractor shall, within the limits of its resources, handle all emergency detentions and immediate detentions in which the Contractor determines services are clinically necessary or which have been referred by a court of competent jurisdiction.
- E. Services under this Contract shall be available and accessible in as prompt a manner as appropriate and shall be available in a manner which preserves human dignity and assures continuity and high quality care.
- F. The Contractor may provide services to individuals residing outside the Contractor's geographic service area.
- G. A CMHC must provide the following services in the continuum of care directly for chronically addicted adult or child :
1. Case management.
 2. Crisis intervention.
 3. Day treatment or partial hospitalization.
 4. Screening for consumers being considered for admission to state operated facilities.
 5. Individualized treatment planning.
 6. Family support services.
 7. Medication evaluation and monitoring.
 8. Services to prevent unnecessary and inappropriate treatment and hospitalization.
 9. Consultation/education services to the communities within the service area.
 10. Outpatient services, including specialized outpatient services for children, the elderly, and individuals with a chronic addiction who are residents of the service area and who have been discharged from inpatient treatment.

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